FOR INSTRUCTIONS, SEE BACK OF FORM

DISCLOSURE SUMMARY PAGE

Effective January 1, 2010, all statements and reports filed by new committees for state office must be filed electronically and effective January 1, 2012, all statements and reports filed by all committees for state office must be filed electronically.

Effective May 1, 2010, all statements and reports for State PACs and State

Parties must be filed electronically.

File with:

lowa Ethics and Campaign

Disclosure Board 510 E. 12th, Ste. 1A Des Moines, Jowa 50319 Fax: 515-281-4073

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2012 .	JAN I	8 4	D	IŅ.

COMMITTEE NAME (Must be same as on Statement of Orga	anization)		_Job	nim
			FORM	
Committee to elect Rosanne Hopson IMPORTANT: Indicate by # type of committee you are reporting for: (1) Statewide/Legislative/Judge Standing for Retention Candidate ((4) Country Central Committee (5) County Candidate (6) City Candi Subdivision Candidate (8) County PAC (9) City PAC (10) School 11) Local Ballot Issue	2)State PAC (3)State Party idate (7)School Board or Other Political	, E	DR-2 Rev. 12/2009) or Office Use Cr	DISCLOSURE REPORT
CANDIDATE COMMITTEES ONLY: Candidate Name Rosenne Hopson	Political Party (if applicable)	S	canned (A)	
Office Sought City Council	District (if Senete or House)		Leghed	
Late/reports are subject to pessible civil and criminal penalties. Pur candidate's committee, and the chairperson, for any other type of committee of the commi	resuant to lowa Code sections 68B.32A(committee, is the individual responsible 319 321-4163 TELEPHONE	7) and 68 for filing t	A.401(3), the car imely and accum 	ité reports.
I AM FILING A report for the period of 10/30/11 to 12/31/1		(O) 110 11		
DOT OF REPRESENTATION OF THE PROOF CASE)	Indicate by #	-	ELECTION YE	ART (State and Comment of the Commen
CHECK IF AMENOMENT TO REPORT DATED	보면 선생님 사람이 있다.		mittees, enter Da	to of Election
	of Dissolution Ferm DR-3.	Vov. 8th,	2011 coal Committees tion is held	ing the state of
STATEMENT OF GASH ON HAND				
CASH ON HAND at the beginning of the reporting period. (To committee. This amount MUST be the same as the of the last reporting period or must be zero if this is fit.)	cash on hand at the end	\$	47.98	
ADD TOTAL MONEY TAKEN IN THIS PERIOD		•		
Schedule A: Cash Contributions total (Attach Sched	ule A) (*also see in-kind below)		0.00	
Schedule F: Loans Received total (Attach Schedule	and the second s		0.00	
Schedule H: Total Sales of Campaign Property (Atta			0.00	.
(Schedule H applies to Candidates' Comm	nittees Only)			
	SUB-TOTAL	\$	47.98	<u> </u>
SUBTRACT TOTAL MONEY SPENT THIS PERIOD				
Schedule B: Expenditures total (Attach Schedule B)	(**also see debts and loans below)		0.00	
Schedule F: Loan Repayments total (Attach Schedul	e F)		0.00	
CASH ON HAND at the end of this reporting period (if final rep	ort balance must be zero)	\$	47.98	
"UNPAID BILLS (From Schedule D - Attach Schedule D)		norse S	0.00	gergy Transport (1975).
WE KIND CONTRIBUTIONS (From Schedule E - Attach Sched			0.00	
OUTSTANDING LOANS (From Schedule F - Attach Schedul			0.00	
CONSULTANT BREAKDOWN (Schodule G Attached?)		1117 T		NO
CANDIDATE COMMITTEES ONLY:	The state of the s			
VALUE OF CAMPAIGN PROPERTY (From Schedule H - Attai	ch Schedule H)	\$	0.00	
STATE COMMITTEES: Submit a reconciled committee account	t hank statement in January of south			

For instructions, See Back of Form SCHEDULE MONETARY **CONTRIBUTIONS -- MONEY TAKEN IN** (Rev. 07/03) RECEIPTS (Including candidate's personal funds) CHECK THIS BOX IF COMMITTEE NAME (Must be same as on Statement of Organization) AMENDING FORM Committee to elect Rosanne Hopson STATE CANDIDATES NOTE: IF A CONTRIBUTION IS RECEIVED FROM A STATE PAC (POLITICAL ACTION COMMITTEE), LIST THE PAC IDENTIFICATION NUMBER AND THE PAC CHECK NUMBER IN THE DESIGNATED COLUMN. A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOWA ETHICS AND CAMPAIGN DISCLOSURE BOARD. NOTE: ANY PERSON, OTHER THAN AN INDIVIDUAL, THAT CONTRIBUTES MORE THAN \$750 TO YOUR CAMPAIGN MAY HAVE FILING RESPONSIBILITIES AND SHOULD IMMEDIATELY CONTACT THE BOARD. CAUTION: Section 68B.32A(6), prohibits the use of information copied from reports and statements for soliciting contributions or for any

commercial purpose by any person other than statutory political committees.

DATE RECEIVED (MM/DD/(R)	PAC ID NUMBER (if applicable) AND PAC CHECK NUMBER	NAME AND ADDRESS OF CONTRIBUTOR	RELATIONSHIP TO CANDIDATE* (if applicable)	AMOUNT RECEIVED	V IF FOR FUND- RAISER MCOME
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		TOTAL (If hast page of	d this echecule)	\$ 0.00	
			<i>эынышы</i>)	\$ 0.00	

^{*} Disclosure law requires candidate committees to disclose the relationship of any relative making a contribution to the committee. Relationship must be shown to the third degree of consanguinity (blood relatives) and affinity (relatives by marriage). If sumame of contributor is the same as candidate, but there is no familial relationship, enter "not applicable" in the relationship column:

(for Schedule A)

FOR INSTRUCTIONS, SEE BACK OF FORM

GISLATIVE LUMN AND THE	 E		CK THIS	BOX IF	
CCOUNT	1	DULE 3 07/03)	MOI	NETARY NOITURE	3
					_

EXPENDITURES - MONEY SPENT FROM COMMITTEE ACCOUNT

STATE PAC COMMITTEES: NOTE: FOR CONTRIBUTIONS MADE TO STATEWIDE OR LEGISLATIVE CANDIDATES, LIST THE CANDIDATE IDENTIFICATION NUMBER IN THE DESIGNATED COLUMN AND THE PAC CHECK NUMBER FOR EACH EXPENDITURE. A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOWA ETHICS & CAMPAIGN DISCLOSURE BOARD.

MADDYR) AND PAC CHECK NUMBER ID# CK# ID# CK# ID# ID# ID# ID# ID# ID# ID# ID# ID# ID	DATE (PENDED	CANDIDATE ID NUMBER (if applicable)	NAME AND ADDRESS TO WHOM EXPENDITURE (Disbursement) WAS MADE	PURPOSE (DESCRIBE TRANSACTION)	AMOUNT EXPENDED
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MARKET FIRE THE PARKET WITH TH				SUB-TOTAL	\$ 0.00
TOTAL (If that page of the schedule) \$ 0.00				TOTAL (If last page of this schedule)	\$ 0.00
IS BOX APPLIES TO CANDIDATES' COMMITTEES ONLY:		ME IES TO CANDID	AVEC CONSIDER THE CAN V		

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